

2000 UNIFORM BUSINESS REPORT (UBR)

0087414

DOCUMENT # N98000000416

1. Entity Name

FLORIDA HOUSING DEVELOPMENT CORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAR 29 PM 5:03

Principal Place of Business

Mailing Address

~~1060 OREGON CT~~
~~SARASOTA FL 34236~~

~~1060 OREGON CT~~
~~SARASOTA FL 34236-3343~~

2. Principal Place of Business
1180 52nd Street

3. Mailing Address
1180 52nd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Sarasota, FL 34234

City & State
Sarasota, FL 34234

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WARD, LONNIE JR
~~1060 OREGON CT~~
~~SARASOTA FL 34236~~

Name
Street Address (P.O. Box Number is Not Acceptable)
1180 52nd St.
City *Sarasota* FL Zip Code *34234*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
NAME **PSD WARD, LONNIE JR.**
STREET ADDRESS ~~1060 OREGON COURT~~
CITY-ST-ZIP ~~SARASOTA FL 34236~~

TITLE Change Addition
NAME
STREET ADDRESS 1180 52nd Street
CITY-ST-ZIP Sarasota, FL 34234

TITLE Delete
NAME **D TROUPE, FLORA**
STREET ADDRESS ~~1060 OREGON COURT~~
CITY-ST-ZIP ~~SARASOTA FL 34236~~

TITLE Change Addition
NAME
STREET ADDRESS same as above
CITY-ST-ZIP

TITLE Delete
NAME **D WARD, JAMES**
STREET ADDRESS ~~1060 OREGON COURT~~
CITY-ST-ZIP ~~SARASOTA FL 34236~~

TITLE Change Addition
NAME
STREET ADDRESS same as above
CITY-ST-ZIP
600003189296--5
-03/30/00--01006--011
*****808.75 *****70.00

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
nk

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
3/24

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE REQUIRED
3-29-00 360-8185

CRE037 (9/99)